



**DEPARTMENT OF HEALTH**  
**Private Bag X828 PRETORIA 0001**  
 Inquiries: Ms Lineo Motopi Tel.: (012) 395 8366/9197 Fax: 086 632 6815/2606

**APPLICATION FOR AN IMPORT PERMIT FOR CULTURES AND MICRO-ORGANISMS**

Person applying for an import permit:			
<b>NAME</b>			
<b>RANK/POSITION</b>			
Organisation:			
<b>NAME</b>			
<b>ADDRESS</b>	.....		
	.....		
<b>TEL. NO.</b>		<b>FAX. NO.</b>	
<b>Specific micro-organism(s) for which an import permit is required:</b>			
MICRO-ORGANISMS / CULTURES			
.....			
.....			
Period during which import will take place			
Contact person and organisation supplying the tissue(s):			
<b>NAME: PERSON</b>			
<b>NAME: ORGANISATION</b>			
<b>ADDRESS</b>	.....		
	.....		
<b>TEL. NO.</b>		<b>FAX. NO.</b>	
Purpose(s) for which tissue(s) is(are) to be used. Although detail is not required, the specific purpose(s) must be clearly stated:			
.....			

**SIGNATURE OF APPLICANT.....DATE:.....**